



ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1200 WEST 3RD STREET
LITTLE ROCK, AR 72201
PHONE: 501-371-2750
FAX: 501-683-2604

FORM AID-LI-ADJ (2/05)

APPLICATION FOR ADJUSTER'S LICENSE

YOU MUST MARK TYPE OF EXAM FOR WHICH YOU ARE APPLYING, OTHER THAN GENERAL (BOTH RESIDENT AND NON RESIDENT)

TYPE OF LICENSE REQUESTED:

	<u>Score</u> (Resident Taking Exam)	<u>Date</u>
<input checked="" type="checkbox"/> GENERAL (Mandatory for Everyone Taking Exam)	_____	_____
<input type="checkbox"/> PROPERTY	_____	_____
<input type="checkbox"/> CASUALTY	_____	_____
<input type="checkbox"/> WORKERS COMPENSATION	_____	_____

TO THE INSURANCE COMMISSIONER OF THE STATE OF ARKANSAS:

The undersigned hereby applies for a License to act as an Adjuster and submits the following statements and answers to the questions contained herein:

Social Security No _____

1. Full Name ☐ Mr. ☐ Mrs. ☐ Ms. _____ Date of Birth _____
(Last) (First) (Middle)

2. Residence Address _____
(Street & Number) (City) (County) (State) (Zip)

3. Adjusting Firm Name _____

Business Address _____
(Street & Number) (City) (County) (State) (Zip)

Business Phone _____ Home Phone _____ Fax # _____

4. Are you now, or will you be if granted a license, a full time salaried employee of a licensed adjuster?
☐ Yes ☐ No Name of licensed adjuster _____ License No _____

5. Set out in detail the experience or special education or training you have had as to the handling of loss claims under insurance contracts _____

6. Residence last five years: (Note must be completed as to month, day and year.) If more space is needed, attach Supplement.

Date		Street	City	State	Zip
From	To				

7. Provide a complete listing of all employment, or business or occupation in which you have been engaged, during the preceding five years. **Begin with the most recent employment.** Include temporary or part time work. If more space is needed, attach supplement.

Date		Employer	Address and Phone Number	Occupation
From	To			

8. Have you ever been licensed as an agent, broker, or adjuster in this state? ☐ Yes ☐ No
If yes, date last licensed. _____
9. Have you ever been licensed as an agent, broker or adjuster in any state other than Arkansas? ☐ Yes ☐ No
If you answered yes, list state and date last licensed. _____.
A letter of Certification/Clearance must be attached. (NO MORE THAN 60 DAYS OLD)
10. Has your application for license ever been declined by this or any other Insurance Department? ☐ Yes ☐ No
Has your license ever been revoked? ☐ Yes ☐ No
If yes, attach details and copy of revocation.
11. Have you ever been arrested, indicted or convicted of a felony or misdemeanor? ☐ Yes ☐ No
If yes, attach a) written statement explaining the circumstances
b) a copy of the charging document and
c) a copy of the official document which demonstrates the resolution of the charges of any final judgment.
12. Have you ever been short in your accounts? ☐ Yes ☐ No
Have you ever filed bankruptcy? ☐ Yes ☐ No
If you answered yes, attach full details of the indebtedness and arrangements for repayment and/or type and location of bankruptcy.
13. Have you ever been bonded? ☐ Yes ☐ No
Has your application for a bond ever been declined? ☐ Yes ☐ No
If answered yes, for what reason: _____

I hereby certify that I have read and carefully considered the above questions before replying thereto and that all of my answers and statement are true to the best of my knowledge and belief. I further agree that I will abide by the provisions of the Insurance Laws of the State of Arkansas and by the Rulings and additions and amendments thereto, of the Department of Insurance of the State of Arkansas. I further understand that any violation of such Laws or Rulings is punishable by a fine not exceeding \$1,000 and/or revocation of my license.

Signature of Applicant

Date of Signature

TO BE COMPLETED BY COMPANY REPRESENTATIVE (ADJUSTING FIRM)

I hereby certify that I have investigated the character and record of the Applicant as to trustworthiness and general qualifications; have examined the answers in this Application, and that I endorse said Applicant for an Adjuster. I further certify that he will adjust only those lines of insurance for which he is licensed, to wit:

☐ Property

☐ Casualty

☐ Workers Compensation

My investigation has consisted of _____

Signature of Company Representative

Name of Company or Adjuster Organization

Title of Representative or Senior Adjuster

Date of Signature



ARKANSAS STATE POLICE

ASP-122
(Rev. 11/05)

Identification Bureau
Individual Record Check Form

Full Name: _____ / _____
First Middle Last Name Maiden/Other

Date of Birth: _____ State of Birth: _____ Race: _____ Sex: _____
(Month/Day/Year)

Social Security #: _____ Driver's License #: _____
State

Mailing Address: _____
Street City State ZIP

Daytime Phone #: (____) _____

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL
RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING
PERSON OR ENTITY:

Name: ARKANSAS INSURANCE DEPARTMENT
(First/MI/Last Name) or Full Name of Agency

Mailing Address: 1200 West Third Street Little Rock AR 72201-1904
Street City State ZIP

Signature: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF _____
§

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state
aforesaid, this the _____ day of _____, 20 _____.

Notary Public

☐ 82001 Civil Record Check